

1  
2 **IN THE UNITED STATES DISTRICT COURT**  
3 **FOR THE DISTRICT OF OREGON**  
4 **PORTLAND DIVISION**  
5  
6

7 **William S. Boyd**

)

**Case No: 2:23-cv-01284-AN**

8  
9 **PLAINTIFF**

)

**CIVIL RIGHTS COMPLAINT (§1983)**

10 **v.**

)

**Trial by Jury Demanded**

11 **Erin Reyes; TRCI SUPERINTENDENT**

12 **Warren Roberts; MEDICAL DIRECTOR**

13 **Charles Cox; NURSE MANAGER**

14 **Lyle Smith; NURSE MANAGER**

15 **C. Dieter; NURSE MANAGER**

16 **NAPHCARE; DIALYSIS PROVIDER**

17 **P. Maney; NURSE PRACTITIONER**

18 **Guevara; ODOC DIETITIAN**

19 **BETHANY SMITH; ODOC**

20  
21 **DEFENDANTS.**  
22

23 COMES NOW, William S. Boyd #11983983, plaintiff pro se, who presents the  
24 following civil-rights complaint and claim for compensatory, declaratory, and injunctive relief as  
25 follows:  
26

1 I. INTRODUCTION

2  
3 This action places before the Court a lawsuit involving the administration of the  
4 Oregon Department of Corrections at Two Rivers Correctional Institution (TRCI) The nurses and  
5 medical department at (TRCI) and the privately contracted medical company NAPHCARE.

6 This complaint alleges that medical care has been and is being refused to Plaintiff  
7 by TRCI in concert with its contracted resident physicians and partner NAPHCARE.

8  
9 II. PARTIES

10 **PLAINTIFF:**

11 WILLIAM S BOYD #11983983 (Plaintiff) is presently serving a criminal sentence in  
12 the custody of the Oregon Department of Corrections. At all times relevant to this action,  
13 Plaintiff was housed at TRCI, 82911 Beach Access Road, Umatilla, OR, 97882, where he  
14 currently resides.

15  
16 **DEFENDENTS:**

17 Defendant ERIN REYES, Superintendent, at all times relevant to this action was/is  
18 employed as Superintendent of TRCI, 82911 Beach Access Road, Umatilla, OR, 97882, charged  
19 with the custody care of Plaintiff. Superintendent Erin Reyes is the facility's highest authority  
20 responsible for the appointment, employment, and oversight of TRCI staff, and oversight of

TRCI generally. At all times relevant to this complaint, Erin Reyes acted under the color of state law. She is hereby sued in her individual as well as official capacity, jointly and severally for those acts and omissions described below.

Defendant WARREN ROBERTS, Medical Director, at all times relevant to this action was/is employed as Medical Director of the Oregon Department of Corrections responsible for the medical care of inmates. At all times relevant to this complaint, Medical Director Warren Roberts acted under the color of state law. He is hereby sued in his individual as well as official capacity, jointly and severally for those acts and omissions described below.

Defendant C. DIETER, Nurse Manager, TRCI, at all times relevant to this action was/is employed as Nurse Manager of the medical at TRCI, 82911 Beach Access Road, Umatilla, OR, 97882, responsible for the medical care of inmates. At all times relevant to this complaint, C. Dieter acted under the color of state law. She is hereby sued in her individual as well as official capacity, jointly and severally for those acts and omissions described below.

Defendant P. MANEY, Nurse Practitioner, TRCI, at all times relevant to this action was/is employed by the Oregon Department of Corrections at TRCI, 82911 Beach Access Road, Umatilla, OR 97882, charged the duty of providing professional medical services of a General Practitioner to the inmate population. At all times relevant to this complaint, P. Maney NP

1 acted under the color of state law. He is hereby sued in his individual as well as official capacity,  
2 jointly and severally, for the those acts and omissions described fully below.

3  
4 Defendant GUEVARA, Oregon Department of Corrections Dietitian, at all times  
5 relevant to this action was/ is employed by the Oregon Department of Corrections 82911 Beach  
6 Access Road, Umatilla, OR 97882, charged with the duty of providing nutritional diets to the  
7 inmate population based on their specific dietary needs. At all times Guevara acted under the  
8 color of state law She is hereby sued in her individual as well as official capacity, jointly and  
9 severally, for the those acts and omissions described fully below.

10  
11 Defendant NAPHCARE, at all times relevant to this action was/is contracted by the  
12 Oregon Department of Corrections 82911 Beach Access Road, Umatilla, OR 97882, charged with  
13 the duty of providing professional medical services (dialysis) to the inmate population at TRCI.  
14 At all times relevant to this compliant NAHPCARE acted under the color of state law. NAPHCARE  
15 Is hereby sued in their individual as well official capacity.

16  
17 Defendant CHARLES COX, Nurse Manager, at all times relevant to this action  
18 was/is employed by NAPHCARE contracted by the Oregon Department of Corrections 82911  
19 Beach Access Road, Umatilla, OR 97882. At all times Charles Scott acted under the color of state



1 law. He is hereby sued in his individual as well as official capacity, jointly and severally, for the  
2 those acts and omissions described fully below.

3  
4 Defendant LYLE SMITH, Nurse Manager, at all times relevant to this action was/is  
5 employed by NAPHCARE contracted by the Oregon Department of Corrections 82911 Beach  
6 Access Road, Umatilla, OR 97882. At all times Lyle Smith acted under the color of state law. He  
7 is hereby sued in his individual as well as official capacity, jointly and severally, for the those  
8 acts and omissions described fully below.

9  
10 **II. JURISDICTION AND VENUE**

11 Jurisdiction is asserted pursuant to the United States Constitution and 42 U.S.C. §  
12 1983, to redress the deprivation of those rights secured by the United States Constitution,  
13 deprived by persons acting under the color of state law. The Court has jurisdiction over these  
14 matters pursuant to 28 U.S.C. §§1331,1343

15 Plaintiff's claim for injunctive relief is authorized pursuant to 28 U.S.C §1651.

16  
17 The United States District Court for the District of Portland, in the City of Portland,  
18 is the appropriate venue for trial pursuant to 28 U.S.C § 1391(b)(2); the County of Umatilla is  
19 where the events complained of have occurred.

1 **III. STATEMENT OF FACTS**

2 Plaintiff arrived at Two Rivers Correctional Institution (TRCI) in August 2021.

3 Plaintiff is a dialysis patient having been diagnosed with End Stage Renal Failure prior to  
4 becoming an inmate at TRCI.

5 Plaintiff began his first dialysis treatment in August 2021 at TRCI

6 Plaintiff's "dry-weight" was 74kg upon arrival at TRCI ("dry-weight" is what a  
7 person weighs prior to a dialysis treatment).

8 Plaintiff began experiencing a heavy water gain between treatments as a result of  
9 the food being provided from the prison food line.

10 Plaintiff immediately wrote to medical staff at TRCI informing them that he wished  
11 to see a dietitian. Plaintiff wrote and let them know that the food being provided to him was  
12 unsafe and unhealthy (see exhibit 1).

13 Plaintiff received a response back from Lyle Smith, and an unknown nurse from  
14 medical, stating I would not be meeting with a dietitian and that the food I was getting was as  
15 required (see exhibit 1).

16 Plaintiff requires a very specific diet and that diet is closely regulated and  
17 monitored to prevent high levels of potassium, which could stop his heart; avoid high levels of  
18 phosphorus, which calcifies his vascular system, and large amounts of water, in which the food  
19 is cooked in, which high volumes of water in a dialysis patient's body harms the heart.

1 Plaintiff wrote another communication on 10-8-21 explaining that he needed a  
2 kidney/renal diet and that the foods being provided were loaded with potassium, phosphorus,  
3 and high-water content (see exhibit 2).

4 Plaintiff expressed concern because he was gaining weight rapidly and struggling  
5 at his dialysis treatments to get the fluid he was retaining off of his body.

6 Plaintiff got a response back again from Lyle Smith stating he has no authority and  
7 it is an ODOC issue (see exhibit 1).

8 Plaintiff explained to Dr. Seth Thaler on October 14, 2021 that he was eating  
9 potatoes, beans, peanut butter and drinking milk----all of which I was instructed to avoid as his  
10 doctor recommended (see exhibit 3, 4, 5, 6, 7, 8).

11 Plaintiff complained to Dr. Seth Thaler that the prison was serving on his "dialysis  
12 trays" the potatoes, beans, peanut butter, and milk that he recommended I do not eat and that  
13 every tray had these foods on them(see exhibit 9).

14 Plaintiff expressed to his doctor that he was forced to eat the food because he was  
15 hungry and that was all that was available to eat (see Exhibit 9-10).

16 Plaintiff was prescribed a double-protein diet again by Dr. Seth Thaler on 4-21-22,  
17 5-7-22, and again on 5-26-22

18 Plaintiff did not receive his prescribed diet.

19 Plaintiff then wrote an institutional grievance on 5-23-22.

1 Plaintiff got a response back from Charles Cox stating that P. Maney, Nurse  
2 Practitioner, discontinued the diet order because I did not meet the clinical indications for it  
3 (see exhibit 11-16).

4 Plaintiff since first complaining about his dialysis trays on 9-22-21, until grieving  
5 the issue on 5-27-22, had gained nearly 35 pounds of excess water in his body, causing severe  
6 pain and discomfort.

7 Plaintiff could not get the excess fluid his body was retaining off during his regular  
8 3x a week dialysis, so Dr. Seth Thaler ordered a fourth treatment.

9 Plaintiff filed an appeal to the grievance response from Nurse Manager Charles  
10 Cox stating that P. Maney discontinued his prescribed diet and got a response back from  
11 Warren Roberts that my double- protein diet was approved until 9-8-22.

12 Plaintiff was not getting his meals even after receiving Warren Roberts response.

13 Plaintiff reviewing the sequence of responses in regards to his prescribed diet was  
14 confused when he read that on 5-26-22 Charles Cox stated P. Maney discontinued his  
15 prescribed diet only to be told by Warren Roberts on 6-8-22 that his diet was, in fact, approved  
16 until 9-8-22.

17 Plaintiff's medical records show that I was written a doctor's order for double-  
18 protein meals for a year but could not understand why multiple orders were needed to be  
19 written.

1 Plaintiff was aware that Charles Cox, Dialysis Nurse Manager had been trying for  
2 months to get the TRCI kitchen to provide Plaintiff with his double protein prescribed diet.

3 Plaintiff still eating the food being given to him continued to gain weight went into  
4 his dialysis treatments overloaded.

5 Plaintiff weighed 75kg, and given that weight, the safe amount of fluid that should  
6 have been removed, per hour, would have been 1 liter per hour.

7 Plaintiff was set up on his machine for 1.5L- 1.9L per hour which are beyond the  
8 allowable amounts set in place by nephrologists.

9 Plaintiff experienced horrible symptoms of nausea, severe low blood-pressures,  
10 and terrible cramping pains due to these overpulls.

11 Plaintiff sent an institutional grievance about the incident for the first time on 9-  
12 23-21 stating he was getting sick and in pain and that staff should only be pulling what fluid  
13 amount is recommended (see exhibit 17-23).

14 Plaintiff was ignored and for three months the amount of fluid pulled from his  
15 body during treatments was well beyond doctor's recommendations (NAPHCARE dialysis  
16 records will indicate this).

17 Plaintiff wrote a communication to Lyle Smith asking for a "crit-line" be set up on  
18 his machine because it closely monitors the rate of fluid and will alarm when too much fluid is  
19 being pulled a treatment (see exhibit 24).

20 Lyle Smith responded that he would set it up (see exhibit 24).

1 Plaintiff after being set up on the “crit-line” began to experience less and less ill  
2 effects during his treatments due to this safety- monitoring measure.

3 Two months later on 2-1-22, Charles Cox Nurse Manager discontinued the use of  
4 “crit-lines” stating that they take up too much staff time to monitor and that the device itself is  
5 too expensive.

6 Plaintiff immediately appeals on 2-8-22 (see exhibit 25-30).

7 Plaintiff receives a response from Warren Roberts that “crit-lines” are not a part of  
8 dialysis (see exhibit 25-30).

9 Plaintiff was told by Lyle Smith on 9-29-21 that “crit-lines” were used for unstable  
10 patients, which Plaintiff was, but was now being denied the “crit-line” monitoring device (see  
11 exhibit 24).

12 Resulting from lack of medical care---from time of becoming incarcerated to  
13 present---Plaintiff has increasingly suffered pain, nausea, cramps, and some days limited  
14 mobility. His condition is current and ongoing and has resulted in Plaintiff’s inability to sleep,  
15 exercise without pain, and suffers from nausea throughout the day.

16 Plaintiff should have been given a proper and safe diet upon immediately arriving  
17 at Two Rivers Correctional Institution.

18 Plaintiff had severe fluid build-up in his lungs over the course of this time period  
19 which resulted in the doctor writing him a prescription for oxygen during his treatments to help  
20 his breathing (medical records will indicate this).

1 By the absence of adequate attention for prison officials to follow a doctor's  
2 written orders for a prescribed diet, Plaintiff suffered physical pain, decreased lung capacity,  
3 and forced to eat the very foods that could cause him death.

4 Plaintiff has had to either eat these toxic foods being provided at every meal or go  
5 hungry (see exhibit 9).

6 Plaintiff now succumbs to severe and prolonged spells of depression, while at the  
7 same time suffering from a prevailing and deep-seated anxiety over his condition, future and  
8 inability to defend himself within the hostile prison environment.

#### 9 10 **IV. EXHAUSTION OF ADMINISTRATIVE REMEDIES**

11 Plaintiff has timely exhausted all available administrative remedies prior to filing  
12 this complaint.

#### 13 14 **V. CAUSE OF ACTION**

15 A. Defendants ERIN REYES, WARREN ROBERTS, C. DEITER, P. MANEY, GUEVARA,  
16 NAPHCARE, CHARLES COX, LYLE SMITH, BETHANY SMITH were aware of Plaintiff's serious  
17 medical needs for specialized care and doctor prescribed diet as well as proper recommended  
18 course of treatment while on dialysis, which were outside the limits of professional standards.  
19 The defendant's deliberate indifference to Plaintiff's serious medical needs caused his health to  
20 deteriorate; caused harmful weight gain, which stressed and injured his cardiovascular system,

1 and caused unnecessary pain and suffering, in violation of the Constitutional Eighth  
2 Amendment prohibition against cruel and unusual punishment.

3 B. The failure of Defendant Lyle Smith, Nurse Manager, to remove the allowable  
4 and recommended amount of fluid from Plaintiff's body per hour during dialysis, constituted  
5 deliberate indifference to Plaintiff's serious medical needs in violation of the Eighth  
6 Amendment.

7  
8 Defendant P. Maney, Nurse Practitioner, has a duty of care, Defendant Maney, NP,  
9 breached that duty by not following up to make sure that Plaintiff was receiving the specialized  
10 and diet that Plaintiff's doctor prescribed and should have received upon arrival at TRCI.  
11 Plaintiff suffered severe fluid overloads for over a year based upon P. Maney's breach of duty.

12 Defendant NAPHCARE have a policy of restricting the use of "crit-lines" due to staff  
13 having to monitor those "crit-lines" during Plaintiff's dialysis treatment and the cost of the 'crit-  
14 line'.

15 Defendant Charles Cox was following the policy of NAPHCARE when he denied the  
16 "crit-line" to safely monitor Plaintiff's dialysis treatments.

17 Defendants ERIN REYES, WARREN ROBERTS, C. DEITER, P. MANEY, GUEVARA,  
18 NAPHCARE, CHARLES COX, LYLE SMITH, BETHANY SMITH owed Plaintiff a reasonable duty of  
19 care to protect him from the harmful impacts of the overpulls during dialysis and of the diet  
20 causing his body harm.



**VI. PRAYER FOR RELIEF**

WHEREFORE, Plaintiff respectfully prays that this Court enter an order:

Issuing declaratory relief, declaring that the acts and omissions of the defendants have violated Plaintiff's rights, and stating the defendants' duties with respect to those rights.

Issuing injunctive relief, commanding the defendants to (1) provide Plaintiff with an adequate, proper, and safe diet (2) provide for or otherwise facilitate the safe and necessary dialysis treatments to remedy Plaintiff's suffering during dialysis treatments.

Award Plaintiff compensatory damages for the unnecessary deterioration of his physical health and consequential pain and suffering, in an amount as yet to be deducted from the evidence, but in no event in an amount less than \$200,000; and

Any other relief this Court may deem just and proper

Trial by jury is hereby demanded on all claims alleged herein, and the parties are hereby given notice, pursuant to Fed. R. Civ. P. 38(a)-(c).

Respectfully submitted this 4<sup>th</sup> day of September, 2023

**VII. VERIFICATION**

Pursuant to 28 U.S.C. § 1746, I, William S., Boyd, declare and verify, under penalty of perjury under the laws of the United States of America, that I have read the foregoing and that it is true and correct to the best of my knowledge and belief.

Dated this 4<sup>th</sup> day of September, 2023

William S. Boyd

## CERTIFICATE OF SERVICE

CASE NAME: William Boyd v. Erin Reyes,

CASE NUMBER: (if known) \_\_\_\_\_

COMES NOW, William Boyd, and certifies the following:That I am incarcerated by the Oregon Department of Corrections at Two Rivers Correctional Institution (TRCI).That on the 5 day of September, 2023, I personally gave Two Rivers Correctional Institution's e-filing service A TRUE COPY of the following:

<u>Certificate of Service</u>	<u>1 page</u>
<u>1983 Civil Rights Complaint</u>	<u>16 pages</u>
<u>Exhibits</u>	<u>30 pages</u>
<u>6-month trust account</u>	
<u>statement</u>	<u>7 pages</u>

(Signature)

Print Name

S.I.D. No.:

## Exhibits List

1. Communication Form to Lyle Smith
2. Communication form to Lyle Smith
3. Dr. Thaler's report
4. Dr. Thaler's report
5. Dr. Thaler's physician's orders
6. Dr. Thaler's physician's orders
7. Dr. Thaler's physician's orders
8. Dr. Thaler's physician's orders
9. TRCI institution food menu
10. High-Protein dialysis diet definitions
11. Bethany Smith's response to appeal
12. William Boyd's appeal
13. Warren Robert's response
14. William Boyd's appeal
15. Charles Cox response
16. William Boyd's grievance
17. J. Bugher's response
18. William Boyd's appeal
19. Warren Robert's response
20. William Boyd's appeal
21. C. Dieter's response
22. William Boyd's grievance
23. Notice of delay
24. Communication form to Lyle Smith
25. J. Bugher's response
26. William Boyd's appeal
27. Warren Robert's response
28. William Boyd's appeal
29. Charles Cox's response

1 30. William Boyd's grievance

2

3



Sep. 29. 2021 8:28AM

ODOC-TRCI-TRMEDREC-5419226008

No. 1511 P. 2

OREGON DEPARTMENT OF CORRECTIONS

AIC COMMUNICATION FORM

TO: Lyle Smith Date: 9-28-21

State your issue in detail:

Can I please meet with a dietitian to help me regulate my food intake at safe levels. My diet is unregulated and mostly unhealthy because of the prison food provided. The prison food is not proper and unhealthy and unsafe. Dialysis patients are SUPPOSE to meet with dietitians.

AIC Committed Name (first middle last)	SID#	Housing Unit
<u>William Boyd</u>	<u>11983983</u>	<u>6-20B</u>

Response/Action Taken:

Please address this with health services manager. They are in control of this

The Dietician is in Salem. You will not be meeting with her, but you are welcome to send her a communication form of your concerns. You are on a Dialysis diet that meets the goals of your

REC'D SEP 30 2021

Daily diet requirements as outlined by the Dietician, ms. Guevara.

Date Received: \_\_\_\_\_ Referred To: \_\_\_\_\_

Date Answered: 29 Sept 2021 Signature of Staff Member: Lyle Smith

If forwarded, please notify the AIC

CD 214 (02/2020)

EXHIBIT 1





OREGON DEPARTMENT OF CORRECTIONS

AIC COMMUNICATION FORM

TO: Nurse Deiter Date: 10-8-21

State your issue in detail:

I need a kidney diet with healthier foods. All the foods provided by the prison are LOADED with water, potassium, sodium, and high carbohydrates and low protein. I NEED food that is high protein, low sodium and potassium. Not just options of foods at the prison but specialized and concentrated specifically to my dialysis needs. I need that PROTEIN foods first, less water foods. I need to meet with a dietician and ~~then~~ be given special consideration. PLEASE I'm gaining weight and struggling to get good food.

AIC Committed Name (first middle last)	SID#	Housing Unit
<u>William Byrd</u>	<u>11983983</u>	<u>6-20B</u>

Response/Action Taken: This, as I stated in previous kyte, is a DOC issue that the dialysis staff has no authority over

Date Received: OCT 07 2021 Referred To\*: \_\_\_\_\_

Date Answered: \_\_\_\_\_ Signature of Staff Member: [Signature]

If forwarded, please notify the AIC

CD 214 (02/2020)

EXHIBIT 2

Dr. Seth Thaler

October 14 2021

Boyd, William

ID: 11983983

*They put on  
the high-protein  
trays at meals*

William Boyd is seen in the state prison for follow-up of end-stage renal disease. He is dialyzing 4 or 5 times each week yet remains volume expanded. He has a good appetite but unfortunately has been drinking milk and eating potatoes. His bowels are moving regularly. He does have a little bit of nausea. He does not make any urine. He has some cramping at the end of dialysis which he describes as mild. Cannulations of the upper arm fistula have been routine. Bleeding lasts between 3 and 5 minutes after the needles are removed. He declined a recent fistulogram but is now agreeable to the procedure.

Laboratory from October shows urea reduction ratio of 67.4%. Potassium is 6.4 mEq/L and bicarbonate is 20. Calcium is 9.4 with phosphorus of 9.1 and parathyroid hormone of 723. Albumin is 4.3. Hemoglobin is 11.2 with iron saturation of 28.2% and ferritin of 772.

Review of the dialysis treatments shows blood flow rate of 400 mL/min through 15-gauge needles placed in the left upper arm fistula. Venous pressure at 200 mL/min is 138 mmHg. Systemic blood pressure rises from 179/105 at the start of the treatment up to 181/105 at the end. He is gaining about 4.8 kg between the frequent treatments. He receives 100 mg of iron with each treatment.

Physical examination shows the chest to be clear to auscultation. Cardiac examination shows an S1, S2 in regular rate and rhythm. The jugular venous pressure is normal. Pulsatile bruit and thrill are present in the left upper arm fistula. There is no ankle edema on either side. Posterior tibialis pulses are one plus bilaterally.

Impression/plan: 1. End-stage renal disease

- a. Complete anuria
- b. Hypertension with evidence of volume overload
- c. Elevated venous pressures in the fistula
- d. Severe hyperphosphatemia
- e. Restless legs syndrome, on pramipexole
- f. Severe hyperkalemia
- g. Anemia, slightly above the target range

*P. Maney ABNP  
10.21.21*

*EXHIBIT 3*



they give every meal!

Plans: The fistulogram will be rescheduled. He will try to reduce fluid intake and avoid milk and potatoes as well. Influenza vaccine is pending. He declines more aggressive antihypertensive medical regimen stating that he will get his fluid overload under control.

CC: 2 Rivers correctional institute dialysis unit, care of Lyle Smith RN

CC: 2 Rivers correctional Institute health services, care of of Patrick Maney, PA

ST

P. Maney ABNP  
OCT 21 2021

EXHIBIT 4

## OREGON DEPARTMENT OF CORRECTIONS

## PHYSICIAN'S ORDERS

NAME: Boyd, William DATE & TIME 4/2/22 INST. DNS ☐

# 11983983

~~(1) Double protein diet x 1 week~~(2) Increase Cinsaracet to 60 mg  
po daily x 1 w

ALLERGIES: Lisinopril

SEND DUPLICATE TO PHARMACY

NAME: Boyd, William DATE & TIME 4/13/22 INST. TRU DNS ☐

# 11983983

1. Notify Dialysis K-6.5  
2. Notify PIC take looking if  
not administers Kayexate.

ALLERGIES: Lisinopril

SEND DUPLICATE TO PHARMACY

NAME: Boyd, William DATE & TIME 4/7/22 INST. TRU DNS ☐

# 11983983

1. In house COVID PCR

ALLERGIES: Lisinopril

SEND DUPLICATE TO PHARMACY

NAME: Boyd, William DATE & TIME 5/30/22 INST. TRU DNS ☐

# 11983983

Prep. Enduloxam

-NPO p 12am

COVID PCR

In house

24 hours pre and post med trip.

ALLERGIES: Lisinopril

SEND DUPLICATE TO PHARMACY

All orders for schedule II and III medication will be automatically stopped in 72 hours.

CD 497H (2/93)

EXHIBIT 5

## OREGON DEPARTMENT OF CORRECTIONS

## PHYSICIAN'S ORDERS

NAME: Boyd, William DATE & TIME 6/5/22 INST. RCT DNS ☐  
 # 11983983

COVID PCR

In house

24 hours pre and post med trip.

*P. Mawney ABNP*

ALLERGIES: Lisinopril

SEND DUPLICATE TO PHARMACY

NAME: Boyd, William DATE & TIME 05/26/22 0800 INST. RCT DNS ☐  
 # 11983983

*① High Protein Diet in Diet —  
 V.O. Dr. Thaler / CCN RN 5/26/22 0825*

ALLERGIES: Lisinopril

SEND DUPLICATE TO PHARMACY

NAME: Boyd, William DATE & TIME 5-7-22 1445 INST. RCT DNS ☐  
 # 11983983

*① Kitchen Order Double Protein at meal  
 X 3 months V.O. Dr. Thaler / CCN RN*

ALLERGIES: Lisinopril

SEND DUPLICATE TO PHARMACY

NAME: Boyd, William DATE & TIME 4/29/22 1100 INST. RCT DNS ☐  
 # 11983983

*② Repeat Pre / Post BUN — V.O. Thaler / CCN RN*

ALLERGIES: Lisinopril

SEND DUPLICATE TO PHARMACY

All orders for schedule II and III medication will be automatically stopped in 72 hours.

CD 497H (2/93)

EXHIBIT 6



## OREGON DEPARTMENT OF CORRECTIONS

## PHYSICIAN'S ORDERS

NAME: Boyd, William  
# 11983983

DATE &amp; TIME 4/18/23 1420

INST. TRG

SID: 11983983  
BOYD, WILLIAM STANTON  
DOCUSATE SODIUM (DSS) 250MG GEL CAP  
TAKE 1 CAPSULE ORALLY TWICE DAILY  
(DISPENSED FROM STOCK) 7 - OK IN CELL  
START: 04/12/23 STOP: 04/05/24BOYD, WILLIAM STANTON SID: 11983983  
DOCUSATE SODIUM (DSS) 250MG GEL CAP  
DC'ED MED - 1691137-

START: 10/07/22

DC Date: 04/12/2023

ALLERGIES: Lisinopril

SEND DUPLICATE TO PHARMACY

NAME: Boyd, William  
# 11983983

DATE &amp; TIME 3/27/23 0930

INST.

DNS ☐① High Protein Dialysis Diet all Meals  
VO Dr. Haler / (CCHP) X 1 yr

ALLERGIES: Lisinopril

SEND DUPLICATE TO PHARMACY

NAME: Boyd, William  
# 11983983

DATE &amp; TIME 3/14/23

INST.

DNS ☐① Verbal SD in IV weekly at  
dialysis x 1 yr  
② Docusate sodium 250 mg po BID x 2 mos

ALLERGIES: Lisinopril

SEND DUPLICATE TO PHARMACY

NAME: Boyd, William  
# 11983983

DATE &amp; TIME 2/14/23

INST.

DNS ☐

① DIC Verbal

ALLERGIES: Lisinopril

SEND DUPLICATE TO PHARMACY

All orders for schedule II and III medication will be automatically stopped in 72 hours.

CD 497H (2/93)

EXHIBIT 7

## OREGON DEPARTMENT OF CORRECTIONS

## PHYSICIAN'S ORDERS

NAME: Boyd, William DATE & TIME 6/13/23 INST. DNS ☐

# 11983983

- ① Lower target weight to 89 kg,  
my lower target to 88.5  
I in core work & tolerated

P. Maney ABNP

ALLERGIES: Urticaria

SEND DUPLICATE TO PHARMACY

NAME: Boyd, William DATE & TIME 5/18/23 INST. DNS ☐

# 11983983

- ① Lower target weight to 91 kg x 172

- ② Reduce Erythropoietin to 1600 units  
IV at each dialysis x 1yr

ALLERGIES: Urticaria

SEND DUPLICATE TO PHARMACY

NAME: Boyd, William DATE & TIME 4/27/23 0745 INST. DNS ☐

# 11983983

- ① Calcium Acetate 167mg Cap, Take 4 capsules  
before meals x 1yr, OK in Cell, Dr. J. Thaler

- ② Sensipar 60mg tab, take 1 tab PO QD  
x 1yr, OK in Cell - VO Dr. Thaler / 10/1/23

ALLERGIES: Urticaria

SEND DUPLICATE TO PHARMACY

NAME: Boyd, William DATE & TIME 4/24/23 0800 INST. DNS ☐

# 11983983

- ① DIA DIET, High Protein Dialysis  
Diet x 1yr - VO Dr. Thaler / 10/1/23

ALLERGIES: Urticaria

SEND DUPLICATE TO PHARMACY

All orders for schedule II and III medication will be automatically stopped in 72 hours.

CD 497H (2/93)

EXHIBIT 8



Cycle 1

Week 2

FALL-WINTER 2021-2022

MONDAY October 4, 2021	TUESDAY October 5, 2021	WEDNESDAY October 6, 2021	THURSDAY October 7, 2021	FRIDAY October 8, 2021	SATURDAY October 9, 2021	SUNDAY October 10, 2021
Dry Cereal 8 oz Fruit Drink 1 pkt <b>Hard Boiled Egg 1 ea</b> Pancakes 3 ea Syrup 2 oz Margarine 0.5 oz Sugar 2 pkts Skim Milk 16 oz Coffee s/s	Hot Cereal 8 oz Canned Fruit 4 oz Breakfast Burrito <b>Cheesy Scrambled Eggs 3 oz</b> Refried Beans 4 oz Flour Tortilla 1 ea Salsa 1 oz Sugar 2 pkts Skim Milk 16 oz Coffee s/s	Hot Cereal 8 oz Fruit Drink 1 pkt Waffles 2 ea <b>Peanut Butter 1.5 oz</b> Syrup 2 oz Sugar 2 pkts Skim Milk 16 oz Coffee s/s	Hot Cereal 8 oz Canned Fruit 4 oz DOC Breakfast Sandwich <b>Cheesy Fried Egg 1 ea</b> English Muffin 1 ea Cottage Potatoes 6 oz Sugar 2 pkts Skim Milk 16 oz Coffee s/s	Hot Cereal 8 oz Fruit Drink 1 pkt <b>Sausage Gravy 6 oz</b> Cottage Potatoes 6 oz Biscuit 1 ea Sub: Peanut Butter 1.5 oz Sugar 2 pkts Skim Milk 16 oz Coffee s/s	Hot Cereal 8 oz Fresh Fruit 1 ea <b>Hard Boiled Egg 1 ea</b> Breakfast Pastry 1 svg Sugar 2 pkts Skim Milk 16 oz Coffee s/s	Fruit Drink 1 pkt <b>Scrambled Eggs 3 oz</b> <b>*Bacon 3 sl</b> Cottage Potatoes 6 oz Wheat Toast 2 sl Jelly 1 oz Sub: Peanut Butter 1 oz Margarine 0.5 oz Sugar 2 pkts Skim Milk 16 oz Coffee s/s
Vegetable Soup 10 oz <b>Tuna Salad 4 oz</b> Wheat Hoagie Bun 1 ea Vegetables 6 oz Shredded Lettuce 1 svg Chips 1 bag Fresh Fruit 1 ea Tea s/s Veg/Alt-Beans 8 oz Veg/Alt-Rice 8 oz	*Soup of the Day 10 oz Chef Salad <b>Turkey 2 oz</b> Hard Boiled Egg 1 ea Shredded Cheese 1 oz Green Salad 1 bowl Salad Dressing 2 oz Vegetables 6 oz Bread Stick 1 ea Fresh Fruit 1 ea Tea s/s Veg/Alt-Beans 8 oz Veg/Alt-Rice 8 oz	Minestrone Soup 10 oz Fried Egg Sandwich <b>Fried Eggs 2 ea</b> Wheat Bread 2 sl Vegetables 6 oz Chips 1 bag Mayonnaise 0.5 oz Fresh Fruit 1 ea Tea s/s Veg/Alt-Beans 8 oz Veg/Alt-Rice 8 oz	*Soup of the Day 10 oz Deli Sandwich <b>*Ham 3 oz</b> <b>Cheese 1 sl</b> Wheat Hoagie Bun 1 ea Vegetables 6 oz Shredded Lettuce 1 svg Onions 1 svg Mayonnaise 0.5 oz Mustard 0.5 oz Fresh Fruit 1 ea Tea s/s Veg/Alt-Beans 8 oz Veg/Alt-Rice 8 oz	Green Salad 1 bowl Salad Dressing 1 oz <b>Grilled Chicken 3 oz</b> Teriyaki Sauce 2 oz White Rice 6 oz Vegetables 6 oz Tea s/s Veg/Alt-Beans 8 oz	Texas Slaw 6 oz <b>*Pork Fajitas</b> <b>*Pork 4 oz</b> Onions & Peppers 4 oz Brown Rice 6 oz Tortillas 2 ea Salsa 2 oz Fresh Fruit 1 ea Tea s/s Veg/Alt-Beans 8 oz Veg/Alt-Rice 8 oz	Green Salad 1 bowl Salad Dressing 1 oz <b>Roast Turkey 3 oz</b> Mashed Potatoes 6 oz Gravy 2 oz Vegetables 6 oz Dinner Roll 1 ea Frosted Cake 1 svg Margarine 0.5 oz Tea s/s Veg/Alt-Beans 8 oz Veg/Alt-Rice 8 oz
Green Salad 1 bowl Salad Dressing 1 oz Chicken Stir Fry <b>Chicken Filling 4 oz</b> Stir-Fry Vegetables 6 oz White Rice 6 oz Wheat Tortilla 1 ea Tea s/s Veg/Alt-Beans 8 oz	Green Salad 1 bowl Salad Dressing 1 oz <b>Salisbury Steak 4 oz</b> Mashed Potatoes 6 oz Beef Gravy 2 oz Vegetables 6 oz Brownie 1 svg Tea s/s Veg/Alt-Beans 8 oz Veg/Alt-Rice 8 oz	Green Salad 1 bowl Salad Dressing 1 oz <b>Ranch Style Chili 10 oz</b> Brown Rice 6 oz Vegetables 6 oz Cornbread 1 ea Margarine 0.5 oz Tea s/s Veg/Alt-Beans 8 oz	Vegetable Soup 10 oz Green Salad 1 bowl Salad Dressing 1 oz <b>BBQ Chicken Pizza 1 svg</b> Cookie Bar 1 svg Tea s/s Veg/Alt-Beans 8 oz Veg/Alt-Rice 8 oz Veg/Alt-Vegetables 8 oz	Coleslaw 6 oz Hot Turkey Sandwich <b>Turkey 3 oz</b> Mashed Potatoes 6 oz Gravy 2 oz Vegetables 6 oz Multi-Grain Bread 2 sl Bakers Choice 1 svg Tea s/s Veg/Alt-Beans 8 oz Veg/Alt-Rice 8 oz	Green Salad 1 bowl Salad Dressing 1 oz <b>Meat Sauce 6 oz</b> Spaghetti 6 oz Vegetables 6 oz Breadstick 1 ea Tea s/s Veg/Alt-Beans 8 oz Veg/Alt-Rice 8 oz	Carrot Salad 6 oz BBQ Chicken Burger <b>Chicken Pattie 1 ea</b> BBQ Sauce 1 oz Wheat Hamburger Bun 1 ea Vegetables 6 oz French Fries 6 oz Catsup 1 oz Fresh Fruit 1 ea Tea s/s Veg/Alt-Beans 8 oz Veg/Alt-Rice 8 oz

EXHIBIT 9

## HIGH-PROTEIN DIALYSIS DIET

### Definition:

Diets for Chronic Kidney Disease (CKD) restrict specific nutrients based on the severity of renal failure and current treatment methods. Patients who are dialyzed or who are not on dialysis have different nutrition requirements based on these treatment options. Nutrients that are restricted in a CKD diet for patients receiving dialysis are sodium, potassium, and phosphorus. Protein levels are kept close to those recommended for healthy adults. Electrolytes can be well controlled with renal replacement therapy and a liberalized diet may be more appropriate.

### Clinical Indications:

- Chronic Kidney Disease (CKD) stage 5, patient receiving dialysis treatments

### Nutritional Adequacy:

Foods commonly restricted in renal diets for dialysis include those high in sodium, potassium, phosphorus, and calcium. Renal diets may intentionally restrict to thresholds below Dietary Reference Intake (DRI) recommendations for medical management of renal disease.

Malnutrition can develop during the course of chronic kidney disease. Minimizing renal impairment while preventing malnutrition can present a challenge. Diet orders should be liberalized as much as possible to maximize oral intake and quality of life. Patients should be monitored for protein-energy malnutrition and vitamin/mineral deficiencies.

The nutrient targets below are used to plan a balanced renal diet for dialysis:

- Energy:  $\geq 2600$  calories/day
- Protein:  $\geq 95$  g/day (men)
- Sodium:  $< 2600$  mg/day (men),  $< 2300$  mg/day (women)
- Potassium:  $< 2800$  mg/day (men),  $< 2500$  mg/day (women)
- Phosphorus:  $< 1500$  mg/day (men),  $< 1200$  mg/day (women)

\*nutrient targets may be periodically modified based on updated dietary recommendations and best practices.

EXHIBIT 10

06-2015



# Oregon

Kate Brown, Governor

**Department of Corrections**

Health Services Division  
3723 Fairview Industrial Drive SE, Ste 200  
Salem, OR 97302  
(503) 378-5593  
Fax (503) 378-5597



August 3, 2022

William Boyd, SID # 11983983  
Two Rivers Correctional Institution  
82911 Beach Access Rd  
Umatilla, OR 97882

RE: Grievance Appeal TRCI-2022-05-100AA

Dear AIC Boyd:

This letter is in response to the above referenced grievance appeal in which you are requesting to receive a double protein diet that Dr. Thaler recommended for you.

I have reviewed your second grievance appeal, and I support the medical opinion of Dr. Warren Roberts, Chief Medical Director.

Dr. Thaler has ordered a high protein dialysis diet for you. This order was communicated to the kitchen via the DOC400.

Thank you for addressing your concerns appropriately. This concludes the grievance review process for this matter.

Health Services is committed to providing care that is respectful, compassionate, objective, and non-judgmental. The best way for you to achieve your healthcare goals is to continue working with the Health Services staff. Please feel free to communicate your medical needs with the healthcare staff.

Sincerely,

Bethany Smith,  
Business Operations Administrator on behalf of Joe Bugher

J. Bugher  
Assistant Director, Health Services

CC: A. Eynon, Grievance Coordinator, TRCI  
D. Wettlaufer, RN, Medical Services Manager, TRCI  
File

EXHIBIT 11

RECEIVED

AUG 03 2022

SENT

AUG 05 2022

TRCI GRIEVANCE OFFICE

TRCI GRIEVANCE OFFICE



Grievance #

TRCI-2022-05-100AA

Official Use Only

Resubmit

## GRIEVANCE APPEAL FORM

Name: Boyd William S 11983983 6-20B  
 Last First Initial SID# Cell/Block/Bunk #

List in detail all the reasons you disagree with the original grievance response or initial appeal response. (For the initial appeal, attach original grievance form and staff response. For the final appeal, attach the initial appeal form and response as well as the original grievance and response.)

I'm not being given the double protein I've been prescribed. I still get on my dialysis tray the same foods that I'm medically advised not to eat. In fact, on the kitchen special diet list it has me only receiving a "dialysis tray" rather than a double protein/high protein portions. I need high protein... Not the food they are giving me.

I need a special/high protein diet for multiple reasons that are required for my overall good health. What they are serving me is either causing me to stay hungry or go into fluid overload.

Describe what action you want taken to resolve the grievance appeal if different from original grievance submission.

That I be given high protein / double protein portions. Thank you. I need a community standard of treatment.

6-19-22  
Date

Will Boyd  
Signature

<u>Receiving Facility</u> (If not processing facility)  Date Stamp	<u>Received at Processing Facility</u> <b>RECEIVED</b> <b>JUN 21 2022</b> <b>TRCI GRIEVANCE OFFICE</b> Date Stamp	<u>Accepted/Denied/RFC</u> <b>ACCEPTED</b> <b>JUN 21 2022</b> <b>TRCI GRIEVANCE OFFICE</b> Date Stamp	<u>Accepted/Denied/RFC</u>   Date Stamp
---	---	---	--

EXHIBIT 12

06-2073



# Oregon

Kate Brown, Governor

**Department of Corrections**

Health Services Division  
3723 Fairview Industrial Drive SE, Ste 200  
Salem, OR 97302  
(503) 378-5593  
Fax (503) 378-5597



June 8, 2022

William Boyd, SID # 11983983  
Two Rivers Correctional Institution  
82911 Beach Access Rd  
Umatilla, OR 97882

RE: Grievance Appeal TRCI-2022-05-100A

Dear AIC Boyd:

This letter is in response to the above referenced grievance appeal in which you are requesting to receive a double protein diet that Dr. Thaler recommended for you.

Upon review of your medical record shows, that this has been approved until September 8, 2022.

Health Services is committed to providing care that is respectful, compassionate, objective, and non-judgmental. The best way for you to achieve your healthcare goals is to continue working with the Health Services staff. Please feel free to communicate your medical needs with the healthcare staff.

Sincerely,

Warren Roberts, M.D., F.A.A.N.S.  
Medical Director

CC: A. Eynon, Grievance Coordinator, TRCI  
D. Wettlaufer, RN, Medical Services Manager, TRCI  
File

RECEIVED

JUN 09 2022

SENT

JUN 10 2022

TRCI GRIEVANCE OFFICE

TRCI GRIEVANCE OFFICE

EXHIBIT 13

Grievance # TRCI-2022-05-10014

Official Use Only

Resubmit

## GRIEVANCE APPEAL FORM

Name: Boyd William S 11983983 6-20B  
Last First Initial SID# Cell/Block/Bunk #

List in detail all the reasons you disagree with the original grievance response or initial appeal response. (For the initial appeal, attach original grievance form and staff response. For the final appeal, attach the initial appeal form and response as well as the original grievance and response.)

Dr Thayer prescribed the double protein diet because it makes medical sense. I'm a dialysis patient and require special measures of foods. The food provided for mainline consumption is loaded with water, potassium, and phosphorus. All the potential lethal things I can't consume. A high protein diet provides my nutrients and far less of these potential lethal elements and minerals. Even the current prescribed dialysis meals are just variants of these harmful foods. I need special food or high quantities of the best food available. Have high protein. A kidney specialist has determined so.

Describe what action you want taken to resolve the grievance appeal if different from original grievance submission.

That I be given a high/double protein diet.

5-27-22

Date

Will Boyd

Signature

Receiving Facility  
(If not processing facility)

Date Stamp

Received at Processing Facility

RECEIVED

MAY 31 2022

TRCI GRIEVANCE OFFICE

Date Stamp

Accepted/Denied/RFC

ACCEPTED

MAY 31 2022

TRCI GRIEVANCE OFFICE

Date Stamp

Accepted/Denied/RFC

Date Stamp



06-203

## GRIEVANCE RESPONSE FORM

TO BE FILLED OUT BY STAFFGrievance #: TRCI-2022-05-100

TO: Boyd, William 11983983  
 Name of grievant SID #

FROM: C. Scott Nurse Manager  
 Name of respondent Title

List, in detail, action(s) taken. (What action was taken? Was the action what the inmate requested? If not, why? Who took the action? When was the action taken – date/time?)

I have read your grievance in which you are concerned about a double protein diet being discontinued. Mr. Maney, NP discontinued this order as you do not meet the clinical indications for this diet. Please discuss this with Dr. Thaler the next time you see him.

Do not type past this line

NY  
Scott5/26/2022

Date:

Scott McManey  
 Signature of Staff Member

<u>Receiving Facility</u> (if not processing facility)	<u>Received at Processing Facility</u> <b>RECEIVED</b> <b>MAY 26 2022</b> TRCI GRIEVANCE OFFICE	<u>Sent to Inmate</u> <b>SENT</b> <b>MAY 26 2022</b> TRCI GRIEVANCE OFFICE
Date Stamp	Date Stamp	Date Stamp

Dwight Hauser / D. Hauser MSN  
 Signature of Supervisor (Print/Sign)

Wetlaud  
 RN

Distribution:  
 White (Original grievance response form)

CD1178 (10/19)

EXHIBIT 15



Page: \_\_\_\_ of \_\_\_\_ (3 page limit)

Grievance # TRCI-2022-05-100

Official Use Only

Resubmit

## GRIEVANCE FORM

Name: Boyd William S 11983983 6-20B  
 Last First Initial SID# Cell/Block/Bunk #

Whom are you grieving: Medical Nurse Manager May

Please provide the date/time of incident giving rise to grievance: 5-16-22

List in detail all the reasons for your grievance. (What is the problem? When did it happen – date/time/place?) Attach copies of any documents or any material(s), which support your grievance, including the names of any persons you think should be questioned.

On or about 5-16-22 I was prescribed a double portion protein amount of food by my dialysis doctor, Thayer, because it helps my amount of fluid intake — keeping the fluid amount low which helps my heart and my dialysis. The nurse, May, rejected it and now my fluids are back up. My doctor prescribed the "double protein" diet but the nurse practitioner denied it. It's vital that I keep my fluids normal and get proper nutrition as a dialysis patient.

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

I need the double protein as a healthy and regular intake to manage my fluid and have an easier dialysis session.

5-23-22  
Date

William Boyd  
Signature

Receiving Facility  
(If not processing facility)

Date Stamp

Received at Processing Facility

RECEIVED

MAY 24 2022

TRCI GRIEVANCE OFFICE

Date Stamp

Accepted/Denied/RFC

ACCEPTED

MAY 24 2022

TRCI GRIEVANCE OFFICE

Date Stamp

Accepted/Denied/RFC

Date Stamp

06208



# Oregon

Kate Brown, Governor

**Department of Corrections**

Health Services Division

3723 Fairview Industrial Drive SE, Ste 200

Salem, OR 97302

(503) 378-5593

Fax (503) 378-5597



May 4, 2022

William Boyd, SID #11983983  
Two Rivers Correctional Institution  
82911 Beach Access Rd  
Umatilla, OR 978824

RE: Grievance Appeal TRCI-2021-09-100AA

Dear AIC Boyd:

This letter is in response to the above referenced grievance appeal regarding your concerns about the safety in relation to the volume of fluid being removed during dialysis.

I have reviewed your second grievance appeal, and I support the medical opinion of Dr. Warren Roberts, Chief Medical Director.

It is the expectation that the individual receiving dialysis would adhere to the fluid restriction prescribed. Every individual will respond differently to the dialysis process, some can tolerate more or less than the recommendation.

Thank you for addressing your concerns appropriately. This concludes the grievance review process for this matter.

Health Services is committed to providing care that is respectful, compassionate, objective, and non-judgmental. The best way for you to achieve your healthcare goals is to continue working with the Health Services staff. Please feel free to communicate your medical needs with the healthcare staff.

Sincerely,

  
J. Bugher

Assistant Director, Health Services

CC: A. Eynon, Grievance Coordinator, TRCI  
D. Wettlaufer, RN, Medical Services Manager, TRCI  
File

RECEIVED

MAY 05 2022

SENT

MAY 05 2022

TRCI GRIEVANCE OFFICE

TRCI GRIEVANCE OFFICE

EXHIBIT 17



## GRIEVANCE APPEAL FORM

Name: Boyd William S 11983983 6-20B  
 Last First Initial SID# Cell/Block/Bunk #

List in detail all the reasons you disagree with the original grievance response or initial appeal response. (For the initial appeal, attach original grievance form and staff response. For the final appeal, attach the initial appeal form and response as well as the original grievance and response.)

The dialysis do use a mathematical formula to determine how much fluid to safely pull during the dialysis session. In my case they have disregarded that mathematical formula and pulled much more than the safe amount both prior to this original complaint and still are pulling more than what is safe. The dialysis machine stores the records of every dialysis session and will prove what I am claiming. The dialysis staff don't even calculate most times. My heart's health is being compromised and I'm losing time on my life.

Describe what action you want taken to resolve the grievance appeal if different from original grievance submission.

for staff to properly calculate and regulate me during dialysis. for staff to stop being irresponsible and negligent with my care.

1-5-22  
Date

Will Boyd  
Signature

Receiving Facility (If not processing facility)
Date Stamp

Received at Processing Facility
RECEIVED
JAN 06 2022
TRC1 GRIEVANCE OFFICE
Date Stamp

Accepted/Denied/RFC
ACCEPTED
JAN 03 2022
TRC1 GRIEVANCE OFFICE
Date Stamp

Accepted/Denied/RFC
Date Stamp

06-20B



# Oregon

Kate Brown, Governor

**Department of Corrections**

Health Services  
2575 Center St. NE  
Salem, OR 97301-4667  
(503) 378-5593  
Fax (503) 378-5597



December 29, 2021

William Boyd, SID #11983983  
Two Rivers Correctional Institution  
82911 Beach Access Rd  
Umatilla, OR 978824

RE: Grievance Appeal TRCI-2021-09-100A

Dear AIC Boyd:

This letter is in response to the above referenced grievance appeal regarding your concerns about the safety in relation to the volume of fluid being removed during dialysis.

The dialysis staff use a mathematical equation to determine the amount of fluid to be removed during hemodialysis. Typically, this amount of fluid removal is determined by body weight prior to dialysis. This amount is considered safe, by the community standards of care. Every individual will respond to the dialysis process differently, some can tolerate more or less than the recommendation.

It is the expectation that the individual receiving dialysis would adhere to the fluid restriction prescribed.

Health Services is committed to providing care that is respectful, compassionate, objective and non-judgmental. The best way for you to achieve your healthcare goals is to continue working with the Health Services staff. Please feel free to communicate your medical needs with the healthcare staff.

Sincerely,

Warren Roberts, M.D., F.A.A.N.S.  
Medical Director

CC: A. Eynon, Grievance Coordinator, TRCI  
D. Wettlaufer, RN, Medical Services Manager, TRCI  
File

RECEIVED

JAN 04 2022

TRCI GRIEVANCE OFFICE

SENT

JAN 04 2022

TRCI GRIEVANCE OFFICE

EXHIBIT 19



## GRIEVANCE APPEAL FORM

Name: Boyd William S 11983983 20-6-B  
 Last First Initial SID# Cell/Block/Bunk #

List in detail all the reasons you disagree with the original grievance response or initial appeal response. (For the initial appeal, attach original grievance form and staff response. For the final appeal, attach the initial appeal form and response as well as the original grievance and response.)

This isn't about how many times a week I <sup>do</sup> dialysis. It's about how much fluid per hour they take from my body during dialysis. Two different things. There is a healthy amount to take and an unhealthy to take. For my weight each dialysis the UF rate needs to safely be from 950L - to 1100L per hour. For nearly the entire time I've been at TRCI dialysis the UF rate has been from 1100L - to sometimes 1800L per hour. The safe way there isn't blood pressure crashes and rapid dehydration. The unsafe way you harm the heart, suffer severe low blood pressure and headaches from the painful rapid pulls.

Describe what action you want taken to resolve the grievance appeal if different from original grievance submission

That dialysis set the safe UF rate for my weight every time and stop injuring my heart, causing me headaches, and tanking my blood pressure

9-30-21

Date

Will Boyd

Signature

Receiving Facility  
(If not processing facility)

Date Stamp

Received at Processing Facility

RECEIVED  
OCT 01 2021  
TRCI GRIEVANCE OFFICE

Date Stamp

Accepted/Denied/RFC

ACCEPTED  
OCT 04 2021  
TRCI GRIEVANCE OFFICE

Date Stamp

Accepted/Denied/RFC

Date Stamp

## GRIEVANCE RESPONSE FORM

TO BE FILLED OUT BY STAFFGrievance #: TRCI-2021-09-100

TO: Boyd, William 11983983  
 Name of grievant SID #

FROM: C. Dieter Nurse Manager  
 Name of respondent Title

List, in detail, action(s) taken. (What action was taken? Was the action what the inmate requested? If not, why? Who took the action? When was the action taken – date/time?)

I have read your grievance in which you are concerned about the amount of fluid being pulled during dialysis. A review of your health care record indicates that Dr. Thaler ordered an increase of dialysis to four times per week due to fluid overload. If you still have concerns regarding this please discuss them with the dialysis nurse at your next appointment.

Do not type past this line

9/29/2021

Date:

Dieter, C Dieter, C  
 Signature of Staff Member

<u>Receiving Facility</u> (if not processing facility)	<u>Received at Processing Facility</u>	<u>Sent to Inmate</u>
RECEIVED SEP 29 2021 TRCI GRIEVANCE OFFICE	RECEIVED SEP 29 2021 TRCI GRIEVANCE OFFICE	SENT SEP 30 2021 TRCI GRIEVANCE OFFICE
Date Stamp	Date Stamp	Date Stamp

D. Wetlaufer / D. Wetlaufer RN  
 Signature of Supervisor (Print/Sign)

Distribution:  
 White (Original grievance response form)

CD117B (10/19)

EXHIBIT 21



## GRIEVANCE FORM

Name: BOYD WILLIAM S 11983983 20-6-B  
Last First Initial SID# Cell/Block/Bunk #

Whom are you grieving: Dialysis Nurses

Please provide the date/time of incident giving rise to grievance: 9-21-21 - 9-21-21

List in detail all the reasons for your grievance. (What is the problem? When did it happen - date/time/place?) Attach copies of any documents or any material(s), which support your grievance, including the names of any persons you think should be questioned.

It's a dialysis rule that fluid amounts can't exceed a certain amount of liters per hour. For my weight that liter number is somewhere between 960-1160L. From the 21<sup>st</sup> of August til the 21<sup>st</sup> of September, the dialysis techs and nurses have pulled from 1200-1500L per hour or more causing me to "crash" and get sick while on the machine. The dialysis machine records these inputs. I have been sick most times and weak from my treatments directly from this fluid over-pull.

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

That the rules and regulations surrounding dialysis be followed and the techs and nurses be professional and stop medically harming me.

9-23-21  
Date

Will Boyd  
Signature

Receiving Facility (If not processing facility)
Date Stamp

Received at Processing Facility
RECEIVED SEP 22 2021 TRCI GRIEVANCE OFFICE
Date Stamp

Accepted/Denied/RFC
ACCEPTED SEP 27 2021 TRCI GRIEVANCE OFFICE
Date Stamp

Accepted/Denied/RFC
Date Stamp



Oregon Department of Corrections (ODOC)  
Two Rivers Correctional Institution  
New Late notice

To: Boyd, William Stanton  
From: Rossi, H **For A. Eynon,**  
TRCI Grievance Coordinator  
Re: Medical# TRCI\_2021\_09\_100A

SID #: 11983983  
Date: 12/01/2021

Cell: TRCI:06-20B

This letter is to notify you that response to above numbered complaint will be delayed. It was determined that further review is needed to appropriately respond to your concerns. DOC will respond once our review is complete.

Please feel free to contact my office for a status update two weeks from the date of this notice if you have not received a response by then.

Thank you for your understanding and patience.

EXHIBIT 23





## OREGON DEPARTMENT OF CORRECTIONS

## AIC COMMUNICATION FORM

TO: Lyle Smith, Nurse Manager Date: 9-28-21

State your issue in detail: \_\_\_\_\_

Can the dialysis nurses and techs please  
set my "crit-line" EVERY TIME I dialyze  
please. It needs to be set to properly  
regulate my UF rate and monitor my Blood  
pressure. It's rarely set and it needs to  
be. I'm approaching my dry weight

AIC Committed Name (first middle last)

William Boyd

SID#

11983983

Housing Unit

20-6-B

Response/Action Taken:

CLIC or "critline" is used on  
unstable patients. It is not "standard  
of care" at dialysis units in the USA.  
Many clinics do not have it available.  
I have instructed the staff to set up  
a CLIC for your treatments. If you had  
just asked, I would have approved this

REC'D SEP 30 2021

Date Received: \_\_\_\_\_

Referred To\*: \_\_\_\_\_

Date Answered: 29 Sept 2021Signature of Staff Member: Lyle Smith

\*If forwarded, please notify the AIC

CD 214 (02/2020)

EXHIBIT 24

02-09B



# Oregon

Kate Brown, Governor

**Department of Corrections**

Health Services Division  
3723 Fairview Industrial Drive SE, Ste 200  
Salem, OR 97302  
(503) 378-5593  
Fax (503) 378-5597



September 7, 2022

William Boyd, SID# 11983983  
Two Rivers Correctional Institution  
82911 Beach Access Rd  
Umatilla, OR 97882

RE: Grievance Appeal TRCI-2022-02-052AA

Dear AIC Boyd:

This letter is in response to the above referenced grievance in which you request to have a "crit-line set up for every dialysis treatment.

I have reviewed your second grievance appeal, and I support the medical opinion of Dr. Warren Roberts, Chief Medical Director.

Please continue to work with the dialysis staff at TRCI.

Thank you for addressing your concerns appropriately. This concludes the grievance review process for this matter.

Health Services is committed to providing care that is respectful, compassionate, objective and non-judgmental. The best way for you to achieve your healthcare goals is to continue working with the Health Services staff. Please feel free to communicate your medical needs with the healthcare staff.

Sincerely,

J. Bugher  
Assistant Director, Health Services

JB/dw

CC: A. Eynon, Grievance Coordinator, TRCI

RECEIVED

SEP 07 2022

TRCI GRIEVANCE OFFICE

SENT

SEP 08 2022

TRCI GRIEVANCE OFFICE

EXHIBIT 25

## GRIEVANCE APPEAL FORM

Name:

Boyd

William

S

11983983

6-20B

Last

First

Initial

SID#

Cell/Block/Bunk #

List in detail all the reasons you disagree with the original grievance response or initial appeal response. (For the initial appeal, attach original grievance form and staff response. For the final appeal, attach the initial appeal form and response as well as the original grievance and response.)

the "crit-line" is ABSOLUTELY a requirement for dialysis. That's why the machines have them. The fact that TROI dialysis unit doesn't use them is solely for saving time and money. This has been stated by Nurse Manager Charles Cox as the reasons they wouldn't be using them. The "crit-line" is important for the patient to not get sick during dialysis. It's a measure to prevent sickness. The way the staff currently have it set up is that they wait for a patient to get sick before changing up the settings.

Describe what action you want taken to resolve the grievance appeal if different from original grievance submission.

that I be set up a "crit-line" anytime I do dialysis. It's a community standard of treatment

6-19-22

Date

W. Boyd

Signature

Receiving Facility  
(If not processing facility)

Date Stamp

Received at Processing Facility

RECEIVED

JUN 21 2022

TROI GRIEVANCE OFFICE  
Date Stamp

Accepted/Denied/RFC

ACCEPTED

JUN 21 2022

TROI GRIEVANCE OFFICE

Date Stamp

Accepted/Denied/RFC

Date Stamp





# Oregon

Kate Brown, Governor

## Department of Corrections

Health Services Division

3723 Fairview Industrial Drive SE, Ste 200

Salem, OR 97302

(503) 378-5593

Fax (503) 378-5597



June 15, 2022

William Boyd, SID# 11983983  
Two Rivers Correctional Institution  
82911 Beach Access Rd  
Umatilla, OR 97882

RE: Grievance Appeal TRCI-2022-02-052A

Dear AIC Boyd:

This letter is in response to the above referenced grievance in which you request to have a "crit-line set up for every dialysis treatment.

Upon review of your medical record shows, that you were seen by Dr. Thayer on February 17, 2022, new orders were written, however there are no "crit-line" orders placed. A "crit-line" is not a requirement for dialysis. Please continue to work with the dialysis staff at TRCI.

Health Services is committed to providing care that is respectful, compassionate, objective, and non-judgmental. The best way for you to achieve your healthcare goals is to continue working with the Health Services staff. Please feel free to communicate your medical needs with the healthcare staff.

Sincerely,

Warren Roberts, M.D., F.A.A.N.S.  
Medical Director

CC: A. Eynon, Grievance Coordinator, TRCI  
D. Wettlaufer, RN, Medical Services Manager, TRCI  
File

RECEIVED

JUN 15 2022

TRCI GRIEVANCE OFFICE

SENT

JUN 16 2022

TRCI GRIEVANCE OFFICE

EXHIBIT 27



Grievance #

TRCI-2022-02-052 A

Official Use Only

Resubmit

## GRIEVANCE APPEAL FORM

Name: Boyd William S 11983983 6-20B  
 Last First Initial SID# Cell/Block/Bunk #

List in detail all the reasons you disagree with the original grievance response or initial appeal response. (For the initial appeal, attach original grievance form and staff response. For the final appeal, attach the initial appeal form and response as well as the original grievance and response.)

I suffer each time I do dialysis because of the shoddy monitoring that the dialysis center uses. The crit-lines are absolutely common-place in both hospitals and clinics. They are part of the machine for a reason. Nurse Manager Charles stated ~~it~~ not providing the crit-lines are to save staff time in the set-up process and because they are expensive. If I was set up on a crit-line I could have more successful UF pulls and a healthier session. "Eye-balling" my weight and UF rate pulls needs to be far more accurate and precise. That's exactly what a crit-line would do.

Describe what action you want taken to resolve the grievance appeal if different from original grievance submission.

I want my crit-line set up EVERY ~~other~~ dialysis session and stop injuring me to save costs and time.

2-15-22

Date

Will Boyd

Signature

Receiving Facility  
(If not processing facility)

Date Stamp

Received at Processing Facility

RECEIVED

FEB 16 2022

TRCI GRIEVANCE OFFICE

Date Stamp

Accepted/Denied/RFC

ACCEPTED

FEB 16 2022

TRCI GRIEVANCE OFFICE

Date Stamp

Accepted/Denied/RFC

Date Stamp

EXHIBIT 28

Exhibit 29 CD1178 (10/19)



Page: \_\_\_\_ of \_\_\_\_ (3 page limit)

Grievance #

TRCI-2022-02-052

Official Use Only

Resubmit

## GRIEVANCE FORM

Name:

Boyd William

Last

First

Initial

SID#

Cell/Block/Bunk #

Whom are you grieving:

Nurse Manager, Charles

Please provide the date/time of incident giving rise to grievance:

Feb 3rd, 22

List in detail all the reasons for your grievance. (What is the problem? When did it happen – date/time/place?) Attach copies of any documents or any material(s), which support your grievance including the names of any persons you think should be questioned.

As of February 1<sup>st</sup> 2022 the dialysis center here at TRCI have halted the use of a very valuable tool that determines a patients state during dialysis: the "crit-line". It's a community standard that's part of treatment. Nurse Manager Charles says it's being excluded as a common part of the set-up because of the costs involved and because "it's another thing staff has to do", he says.

I need the crit-line

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

I want to be treated with community standard care. I want a crit-line provided EVERY TIME I do dialysis.

Feb 8th, 22

Date

Signature

Will Boyd

Receiving Facility  
(If not processing facility)

Date Stamp

Received at Processing Facility

RECEIVED

FEB 09 2022

TRCI GRIEVANCE OFFICE  
Date Stamp

Accepted/Denied/RFC

ACCEPTED

FEB 09 2022

TRCI GRIEVANCE OFFICE

Date Stamp

Accepted/Denied/RFC

Date Stamp

HERRERAM

OREGON DEPARTMENT OF CORRECTIONS

OTRTASTA

## T R U S T A C C O U N T S T A T E M E N T

12.1.1.0.1.5 ODOC

DOC: 0011983983 Name: BOYD, WILLIAM

DOB: 07/06/1978

LOCATION: TRCI-02-02\_52B

Max Date:  
 ACCOUNT BALANCES Total: 365.38 CURRENT: 365.38 HOLD: 0.00  
 02/01/2023 08/01/2023

SUB ACCOUNT	START BALANCE	END BALANCE
2101 AIC SPENDING ACCOUNT	0.88	0.07
2113 TRANSITIONAL SAVINGS	222.10	320.31

## DEBTS AND OBLIGATIONS

TYPE	PAYABLE	INFO NUMBER	AMOUNT OWING	AMOUNT PAID	WRITE-OFF AMT
FDISA	DISCIPLINARY FINES ADVANCE	11292016	0.00	160.00	0.00
OCICA	OCIC POSTAGE ADVANCE	12231999	0.00	34.53	0.00
1547	DISCIPLINARY UA ADVANCE	09162016	0.00	9.90	0.00
UMATC	UMATILLA COUNTY CIRCUIT COURT	21CV43955	0.00	281.00	0.00
LCPRA	LEGAL COPY PUB REQUEST ADVANCE	03292022	0.00	2.50	0.00
COPA	COPY ADVANCE	09212022	0.00	1.00	0.00
REST	OJD - RESTITUTION, FINES & FEES	04132023	8101.53	117.47	0.00

## TRANSACTION DESCRIPTION --

## COURT ORDERED OBLIGATIONS

DATE	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT
03/01/2023	REST	New Debt Received	8,219.00

## TRANSACTION DESCRIPTIONS --

## 2101 AIC SPENDING SUB-ACCOUNT ACCOUNT

DATE	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT	BALANCE
02/02/2023	DEP	MITCHELL DAYNA LEA	50.00	50.88
02/02/2023	DED	Deduction-TRSA-29-JUN-18 D D	( 2.50)	48.38
02/02/2023	DED	Deduction-CLR-1 D D	( 25.00)	23.38
02/02/2023	DED	Deduction-CLR-1 D D	25.00	48.38
02/02/2023	INT1	Interest Distribution	0.62	49.00
02/02/2023	DED	Deduction-TRSA-29-JUN-18 D D	( 0.03)	48.97
02/02/2023	DED	Deduction-CLR-1 D D	( 0.31)	48.66
02/02/2023	DED	Deduction-CLR-1 D D	0.31	48.97
02/03/2023	2756A	Pay. ICS Corrections Comm System (Reg)	( 6.00)	42.97
02/06/2023	CRS	CRS SAL ORD #9940705	( 42.62)	0.35

CERTIFIED TRUE COPY

M. Herrera  
 Department of Corrections Official

Date: 8/12/23



DOC: 0011983983      Name: BOYD, WILLIAM      DOB: 07/06/1978

LOCATION: TRCI-02-02\_52B

Max Date:

DATE	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT	BALANCE
02/07/2023	DEP	MITCHELL DAYNA LEA	25.00	25.35
02/07/2023	DED	Deduction-TRSA-29-JUN-18 D D	( 1.25)	24.10
02/07/2023	DED	Deduction-CLR-1 D D	( 12.50)	11.60
02/07/2023	DED	Deduction-CLR-1 D D	12.50	24.10
02/09/2023	AWD	AWARDS 01/2023 TRCI	2.83	26.93
02/09/2023	DED	Deduction-TRSA-29-JUN-18 D D	( 0.14)	26.79
02/09/2023	DED	Deduction-CLR-1 D D	( 1.42)	25.37
02/09/2023	DED	Deduction-CLR-1 D D	1.42	26.79
02/09/2023	AWD	AWARDS 01/2023 TRCI	56.54	83.33
02/09/2023	DED	Deduction-TRSA-29-JUN-18 D D	( 2.83)	80.50
02/09/2023	DED	Deduction-CLR-1 D D	( 0.77)	79.73
02/09/2023	DED	Deduction-CLR-1 D D	0.77	80.50
02/10/2023	2756A	Pay. ICS Corrections Comm System (Reg)	( 6.00)	74.50
02/13/2023	DEP	MITCHELL DAYNA LEA	30.00	104.50
02/13/2023	DED	Deduction-TRSA-29-JUN-18 D D	( 1.50)	103.00
02/14/2023	CRS	CRS SAL ORD #9950799	( 102.50)	0.50
02/17/2023	AWDO	01/23 OCE TRCI Team Goal Award	59.30	59.80
02/17/2023	DED	Deduction-TRSA-29-JUN-18 D D	( 2.97)	56.83
02/21/2023	CRS	CRS SAL ORD #9957926	( 56.64)	0.19
02/28/2023	DEP	MITCHELL DAYNA LEA	50.00	50.19
02/28/2023	DED	Deduction-TRSA-29-JUN-18 D D	( 2.50)	47.69
02/28/2023	CRS	CRS SAL ORD #9967017	( 35.75)	11.94
03/01/2023	INT1	Interest Distribution	0.74	12.68
03/01/2023	DED	Deduction-TRSA-29-JUN-18 D D	( 0.04)	12.64
03/01/2023	DED	Deduction-CLR-1 D D	( 0.37)	12.27
03/01/2023	DED	Deduction-CLR-1 D D	0.37	12.64
03/07/2023	DEP	MITCHELL DAYNA LEA	25.00	37.64
03/07/2023	DED	Deduction-TRSA-29-JUN-18 D D	( 1.25)	36.39
03/07/2023	DED	Deduction-CLR-1 D D	( 12.50)	23.89
03/07/2023	DED	Deduction-CLR-1 D D	12.50	36.39
03/07/2023	CRS	CRS SAL ORD #9975405	( 34.06)	2.33
03/08/2023	OTHDEP	01/23 OCE TRCI TGA Correction	0.08	2.41
03/09/2023	AWD	AWARDS 02/2023 TRCI	54.63	57.04
03/09/2023	DED	Deduction-TRSA-29-JUN-18 D D	( 2.73)	54.31
03/09/2023	DED	Deduction-CLR-1 D D	( 27.13)	27.18
03/09/2023	DED	Deduction-CLR-1 D D	27.13	54.31
03/16/2023	2756A	Pay. ICS Corrections Comm System (Reg)	( 6.00)	48.31
03/20/2023	AWDO	02/23 OCE TRCI Team Goal Award	54.63	102.94



DOC: 0011983983
Name: BOYD, WILLIAM
DOB: 07/06/1978

LOCATION: TRCI-02-02\_52B

Max Date:

DATE	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT	BALANCE
03/20/2023	DED	Deduction-TRSA-29-JUN-18 D D	{ 2.73)	100.21
03/21/2023	CRS	CRS SAL ORD #9992845	{ 94.93)	5.28
03/22/2023	2756A	Pay. ICS Corrections Comm System (Reg)	{ 5.00)	0.28
04/01/2023	DEP	MITCHELL DAYNA LEA	50.00	50.28
04/01/2023	DED	Deduction-TRSA-29-JUN-18 D D	{ 2.50)	47.78
04/01/2023	DED	Deduction-CLR-1 D D	{ 25.00)	22.78
04/01/2023	DED	Deduction-CLR-1 D D	25.00	47.78
04/01/2023	2756A	Pay. ICS Corrections Comm System (Reg)	{ 11.00)	36.78
04/03/2023	DEP	MITCHELL DAYNA LEA	30.00	66.78
04/03/2023	DED	Deduction-TRSA-29-JUN-18 D D	{ 1.50)	65.28
04/03/2023	DED	Deduction-CLR-1 D D	{ 15.00)	50.28
04/03/2023	DED	Deduction-CLR-1 D D	15.00	65.28
04/03/2023	2756A	Pay. ICS Corrections Comm System (Reg)	{ 11.00)	54.28
04/04/2023	CRS	CRS SAL ORD #10008531	{ 50.87)	3.41
04/05/2023	INT1	Interest Distribution	0.77	4.18
04/05/2023	DED	Deduction-TRSA-29-JUN-18 D D	{ 0.04)	4.14
04/06/2023	AWD	AWARDS 03/2023 TRCI	45.13	49.27
04/06/2023	DED	Deduction-TRSA-29-JUN-18 D D	{ 2.26)	47.01
04/07/2023	2888	TRCI BGEG Pizza	{ 12.00)	35.01
04/07/2023	2756A	Pay. ICS Corrections Comm System (Reg)	{ 6.00)	29.01
04/11/2023	DEP	MITCHELL DAYNA LEA	300.00	329.01
04/11/2023	DED	Deduction-TRSA-29-JUN-18 D D	{ 15.00)	314.01
04/11/2023	CRS	CRS SAL ORD #10015942	{ 120.05)	193.96
04/11/2023	CRS	CRS SAL ORD #10016657	{ 91.00)	102.96
04/12/2023	2756A	Pay. ICS Corrections Comm System (Reg)	{ 20.00)	82.96
04/18/2023	CRS	CRS SAL ORD #10026923	{ 81.60)	1.36
04/19/2023	DEP	MITCHELL DAYNA LEA	200.00	201.36
04/19/2023	DED	Deduction-REST-04132023 D D	{ 20.00)	181.36
04/19/2023	DED	Deduction-TRSA-29-JUN-18 D D	{ 10.00)	171.36
04/20/2023	AWDO	03/23 OCE TRCI Team Goal Award	45.13	216.49
04/20/2023	DED	Deduction-REST-04132023 D D	{ 4.51)	211.98
04/20/2023	DED	Deduction-TRSA-29-JUN-18 D D	{ 2.26)	209.72
04/21/2023	2756A	Pay. ICS Corrections Comm System (Reg)	{ 6.00)	203.72
04/21/2023	DEP	MITCHELL DAYNA LEA	100.00	303.72
04/21/2023	DED	Deduction-REST-04132023 D D	{ 10.00)	293.72
04/21/2023	DED	Deduction-TRSA-29-JUN-18 D D	{ 5.00)	288.72

DOC: 0011983983

Name: BOYD, WILLIAM

DOB: 07/06/1978

LOCATION: TRCI-02-02\_52B

Max Date:

DATE	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT	BALANCE
04/23/2023	DEP	MITCHELL DAYNA LEA	100.00	388.72
04/23/2023	DED	Deduction-REST-04132023 D D	( 10.00)	378.72
04/23/2023	DED	Deduction-TRSA-29-JUN-18 D D	( 5.00)	373.72
04/23/2023	2756A	Pay. ICS Corrections Comm System (Reg)	( 12.00)	361.72
04/25/2023	CRS	CRS SAL ORD #10034240	( 110.45)	251.27
04/26/2023	DEP	MITCHELL DAYNA LEA	100.00	351.27
04/26/2023	DED	Deduction-REST-04132023 D D	( 10.00)	341.27
04/26/2023	DED	Deduction-TRSA-29-JUN-18 D D	( 5.00)	336.27
04/29/2023	2756A	Pay. ICS Corrections Comm System (Reg)	( 6.00)	330.27
05/01/2023	DEP	MITCHELL DAYNA LEA	80.00	410.27
05/01/2023	DED	Deduction-REST-04132023 D D	( 8.00)	402.27
05/01/2023	DED	Deduction-TRSA-29-JUN-18 D D	( 4.00)	398.27
05/01/2023	DED	Deduction-CLR-1 D D	( 40.00)	358.27
05/01/2023	DED	Deduction-CLR-1 D D	40.00	398.27
05/01/2023	2756A	Pay. ICS Corrections Comm System (Reg)	( 12.00)	386.27
05/02/2023	CRS	CRS SAL ORD #10042304	( 118.61)	267.66
05/02/2023	INT1	Interest Distribution	1.35	269.01
05/02/2023	DED	Deduction-TRSA-29-JUN-18 D D	( 0.07)	268.94
05/04/2023	AWD	AWARDS 04/2023 TRCI	59.38	328.32
05/04/2023	DED	Deduction-REST-04132023 D D	( 5.94)	322.38
05/04/2023	DED	Deduction-TRSA-29-JUN-18 D D	( 2.97)	319.41
05/05/2023	CDR	LYDIA LONG	( 100.00)	219.41
05/05/2023	2756A	Pay. ICS Corrections Comm System (Reg)	( 5.00)	214.41
05/07/2023	2756A	Pay. ICS Corrections Comm System (Reg)	( 6.00)	208.41
05/08/2023	CDR	REV GJ#23629655 LYDIA LONG	100.00	308.41
05/09/2023	CRS	CRS SAL ORD #10050634	( 118.28)	190.13
05/09/2023	CDR	LYDIA LONG	( 100.00)	90.13
05/16/2023	CRS	CRS SAL ORD #10060047	( 83.77)	6.36
05/19/2023	AWDO	04/23 OCE TRCI Team Goal Award	59.38	65.74
05/19/2023	DED	Deduction-REST-04132023 D D	( 5.94)	59.80
05/19/2023	DED	Deduction-TRSA-29-JUN-18 D D	( 2.97)	56.83
05/19/2023	2756A	Pay. ICS Corrections Comm System (Reg)	( 6.00)	50.83
05/29/2023	2756A	Pay. ICS Corrections Comm System (Reg)	( 6.00)	44.83
05/31/2023	2756A	Pay. ICS Corrections Comm System (Reg)	( 6.00)	38.83
06/01/2023	CRS	CRS SAL ORD #10077325	( 38.53)	0.30
06/02/2023	DEP	MITCHELL DAYNA LEA	50.00	50.30

HERRERAM

OREGON DEPARTMENT OF CORRECTIONS

OTRTASTA

## T R U S T A C C O U N T S T A T E M E N T

12.1.1.0.1.5 ODOC

DOC: 0011983983 Name: BOYD, WILLIAM

DOB: 07/06/1978

LOCATION: TRCI-02-02\_52B

Max Date:

DATE	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT	BALANCE
06/02/2023	DED	Deduction-REST-04132023 D D	( 5.00)	45.30
06/02/2023	DED	Deduction-TRSA-29-JUN-18 D D	( 2.50)	42.80
06/02/2023	DED	Deduction-CLR-1 D D	( 25.00)	17.80
06/02/2023	DED	Deduction-CLR-1 D D	25.00	42.80
06/02/2023	INT1	Interest Distribution	1.55	44.35
06/02/2023	DED	Deduction-TRSA-29-JUN-18 D D	( 0.08)	44.27
06/02/2023	DED	Deduction-CLR-1 D D	( 0.78)	43.49
06/02/2023	DED	Deduction-CLR-1 D D	0.78	44.27
06/06/2023	CRS	CRS SAL ORD #10080787	( 33.55)	10.72
06/08/2023	AWD	AWARDS 05/2023 TRCI	68.88	79.60
06/08/2023	DED	Deduction-REST-04132023 D D	( 6.89)	72.71
06/08/2023	DED	Deduction-TRSA-29-JUN-18 D D	( 3.44)	69.27
06/08/2023	DED	Deduction-CLR-1 D D	( 14.22)	55.05
06/08/2023	DED	Deduction-CLR-1 D D	14.22	69.27
06/12/2023	2756A	Pay. ICS Corrections Comm System (Reg)	( 4.00)	65.27
06/13/2023	CRS	CRS SAL ORD #10088242	( 56.97)	8.30
06/16/2023	AWDO	05/23 OCE TRCI Team Goal Award	64.13	72.43
06/16/2023	DED	Deduction-REST-04132023 D D	( 6.41)	66.02
06/16/2023	DED	Deduction-TRSA-29-JUN-18 D D	( 3.21)	62.81
06/18/2023	2756A	Pay. ICS Corrections Comm System (Reg)	( 2.00)	60.81
06/20/2023	CRS	CRS SAL ORD #10095688	( 52.00)	8.81
06/23/2023	2756A	Pay. ICS Corrections Comm System (Reg)	( 5.00)	3.81
06/28/2023	2756A	Pay. ICS Corrections Comm System (Reg)	( 3.00)	0.81
06/30/2023	DEP	MITCHELL DAYNA LEA	50.00	50.81
06/30/2023	DED	Deduction-REST-04132023 D D	( 5.00)	45.81
06/30/2023	DED	Deduction-TRSA-29-JUN-18 D D	( 2.50)	43.31
07/01/2023	2756A	Pay. ICS Corrections Comm System (Reg)	( 4.00)	39.31
07/02/2023	2756A	Pay. ICS Corrections Comm System (Reg)	( 1.00)	38.31
07/05/2023	INT1	Interest Distribution	1.18	39.49
07/05/2023	DED	Deduction-TRSA-29-JUN-18 D D	( 0.06)	39.43
07/05/2023	DED	Deduction-CLR-1 D D	( 0.59)	38.84
07/05/2023	DED	Deduction-CLR-1 D D	0.59	39.43
07/06/2023	AWD	AWARDS 06/2023 TRCI	68.88	108.31
07/06/2023	DED	Deduction-REST-04132023 D D	( 6.89)	101.42
07/06/2023	DED	Deduction-TRSA-29-JUN-18 D D	( 3.44)	97.98
07/06/2023	DED	Deduction-CLR-1 D D	( 34.44)	63.54

HERRERAM

OREGON DEPARTMENT OF CORRECTIONS

OTRTASTA

## T R U S T A C C O U N T S T A T E M E N T

12.1.1.0.1.5 ODOC

DOC: 0011983983 Name: BOYD, WILLIAM

DOB: 07/06/1978

LOCATION: TRCI-02-02\_52B

Max Date:

DATE	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT	BALANCE
07/06/2023	DED	Deduction-CLR-1 D D	34.44	97.98
07/11/2023	CRS	CRS SAL ORD #10117212	{ 94.76)	3.22
07/12/2023	2756A	Pay. ICS Corrections Comm System (Reg)	{ 2.00)	1.22
07/13/2023	DEP	MITCHELL DAYNA LEA	10.00	11.22
07/13/2023	DED	Deduction-REST-04132023 D D	{ 1.00)	10.22
07/13/2023	DED	Deduction-TRSA-29-JUN-18 D D	{ 0.50)	9.72
07/13/2023	DED	Deduction-CLR-1 D D	{ 4.97)	4.75
07/13/2023	DED	Deduction-CLR-1 D D	4.97	9.72
07/14/2023	2756A	Pay. ICS Corrections Comm System (Reg)	{ 6.00)	3.72
07/20/2023	AWDO	06/23 OCE TRCI Team Goal Award	68.88	72.60
07/20/2023	DED	Deduction-REST-04132023 D D	{ 6.89)	65.71
07/20/2023	DED	Deduction-TRSA-29-JUN-18 D D	{ 3.44)	62.27
07/21/2023	2756A	Pay. ICS Corrections Comm System (Reg)	{ 6.00)	56.27
07/21/2023	2756A	Pay. ICS Corrections Comm System (Reg)	{ 1.00)	55.27
07/23/2023	2756A	Pay. ICS Corrections Comm System (Reg)	{ 1.00)	54.27
07/25/2023	CRS	CRS SAL ORD #10135444	{ 53.20)	1.07
07/26/2023	2756A	Pay. ICS Corrections Comm System (Reg)	{ 1.00)	0.07

TRANSACTION DESCRIPTIONS - -

2113 TRANSITIONAL SUB-ACCOUNT SAVINGS

DATE	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT	BALANCE
02/02/2023	DED	Deduction-TRSA-29-JUN-18 D D	2.50	224.60
02/02/2023	DED	Deduction-TRSA-29-JUN-18 D D	0.03	224.63
02/07/2023	DED	Deduction-TRSA-29-JUN-18 D D	1.25	225.88
02/09/2023	DED	Deduction-TRSA-29-JUN-18 D D	0.14	226.02
02/09/2023	DED	Deduction-TRSA-29-JUN-18 D D	2.83	228.85
02/13/2023	DED	Deduction-TRSA-29-JUN-18 D D	1.50	230.35
02/17/2023	DED	Deduction-TRSA-29-JUN-18 D D	2.97	233.32
02/28/2023	DED	Deduction-TRSA-29-JUN-18 D D	2.50	235.82
03/01/2023	DED	Deduction-TRSA-29-JUN-18 D D	0.04	235.86
03/07/2023	DED	Deduction-TRSA-29-JUN-18 D D	1.25	237.11
03/09/2023	DED	Deduction-TRSA-29-JUN-18 D D	2.73	239.84
03/20/2023	DED	Deduction-TRSA-29-JUN-18 D D	2.73	242.57
04/01/2023	DED	Deduction-TRSA-29-JUN-18 D D	2.50	245.07
04/03/2023	DED	Deduction-TRSA-29-JUN-18 D D	1.50	246.57
04/05/2023	DED	Deduction-TRSA-29-JUN-18 D D	0.04	246.61
04/06/2023	DED	Deduction-TRSA-29-JUN-18 D D	2.26	248.87

HERRERAM

OREGON DEPARTMENT OF CORRECTIONS

OTRTASTA

## T R U S T A C C O U N T S T A T E M E N T

12.1.1.0.1.5 ODOC

DOC: 0011983983 Name: BOYD, WILLIAM

DOB: 07/06/1978

LOCATION: TRCI-02-02\_52B

Max Date:

DATE	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT	BALANCE
04/11/2023	DED	Deduction-TRSA-29-JUN-18 D D	15.00	263.87
04/19/2023	DED	Deduction-TRSA-29-JUN-18 D D	10.00	273.87
04/20/2023	DED	Deduction-TRSA-29-JUN-18 D D	2.26	276.13
04/21/2023	DED	Deduction-TRSA-29-JUN-18 D D	5.00	281.13
04/23/2023	DED	Deduction-TRSA-29-JUN-18 D D	5.00	286.13
04/26/2023	DED	Deduction-TRSA-29-JUN-18 D D	5.00	291.13
05/01/2023	DED	Deduction-TRSA-29-JUN-18 D D	4.00	295.13
05/02/2023	DED	Deduction-TRSA-29-JUN-18 D D	0.07	295.20
05/04/2023	DED	Deduction-TRSA-29-JUN-18 D D	2.97	298.17
05/19/2023	DED	Deduction-TRSA-29-JUN-18 D D	2.97	301.14
06/02/2023	DED	Deduction-TRSA-29-JUN-18 D D	2.50	303.64
06/02/2023	DED	Deduction-TRSA-29-JUN-18 D D	0.08	303.72
06/08/2023	DED	Deduction-TRSA-29-JUN-18 D D	3.44	307.16
06/16/2023	DED	Deduction-TRSA-29-JUN-18 D D	3.21	310.37
06/30/2023	DED	Deduction-TRSA-29-JUN-18 D D	2.50	312.87
07/05/2023	DED	Deduction-TRSA-29-JUN-18 D D	0.06	312.93
07/06/2023	DED	Deduction-TRSA-29-JUN-18 D D	3.44	316.37
07/13/2023	DED	Deduction-TRSA-29-JUN-18 D D	0.50	316.87
07/20/2023	DED	Deduction-TRSA-29-JUN-18 D D	3.44	320.31